

In The Superior Court of the State Of Arizona  
In and For the County Of Maricopa

## CIVIL COVER SHEET

\_\_\_\_\_  
CASE NUMBER

PLAINTIFF'S NAME

PLAINTIFF'S ADDRESS

\_\_\_\_\_  
(List additional Plaintiffs on reverse side)

PLAINTIFF'S ATTORNEY

\_\_\_\_\_  
(Name and State Bar Number)

DEFENDANT'S NAME

\_\_\_\_\_  
(List additional Defendants on reverse side)

**AMOUNT IN CONTROVERSY (If alleged)**

Compensatory \$ \_\_\_\_\_

Punitive \$ \_\_\_\_\_

Attorney Fees \$ \_\_\_\_\_

**EMERGENCY ORDER SOUGHT:**

\_\_\_\_ TRO

\_\_\_\_ Provisional Remedy

\_\_\_\_ OSC

\_\_\_\_ Other \_\_\_\_\_  
Specify

**REASON FEES NOT PAID:**

☐ Government Charge

☐ Deferred

**LOCATION:**

☐ Southeast Court Complex (Mesa)

☐ Downtown Phoenix

☐ Northwest Court Complex (Surprise)

**NATURE OF ACTION**

Place an "X" next to the number which describes the nature of the case. Please check **ONE** nature of action, and **ONE ONLY**.

**100 TORT MOTOR VEHICLE**

\_\_\_\_ 101 Non Death Injury

\_\_\_\_ 102 Property Damage

\_\_\_\_ 103 Death

**120 MEDICAL MALPRACTICE**

\_\_\_\_ 121 Physician - M.D.

\_\_\_\_ 122 Physician - D.O.

\_\_\_\_ 123 Hospital

\_\_\_\_ 124 Other \_\_\_\_\_  
(Specify)

**NATURE OF ACTION - Continued**

**110 TORT NON-MOTOR VEHICLE**

- ☐ 111 Negligence  
☐ 112 Products Liability  
☐ 113 Intentional  
☐ 114 Property Damage  
☐ 115 Legal  
☐ 116 Other \_\_\_\_\_  
Specify

**130 CONTRACTS**

- ☐ 131 Account (Open or Stated)  
☐ 132 Promissory Note  
☐ 133 Foreclosure  
☐ 134 Other (Specify) \_\_\_\_\_

**140 APPEAL or REVIEW – Use Clerk of Court's LC Appeals Coversheet**

**150 - 170 OTHER CIVIL**

- ☐ 150 Tax  
☐ 151 Forcible Detainer  
☐ 152 Change of Name  
☐ 153 Transcript of Judgment  
☐ 154 Foreign Judgment  
☐ 155 Declaratory Judgment  
☐ 156 Eminent Domain  
☐ 157 Habeas Corpus  
☐ 158 Quiet Title  
☐ 159 Restoration of Civil Rights  
☐ 160 Forfeiture  
☐ 161 DES Instant Judgment  
☐ 162 Harassment  
☐ 163 Other \_\_\_\_\_  
Specify  
☐ 165 Tribal Judgment  
☐ 167 Structured Settlement (A.R.S. 12-2901)

To the best of my knowledge, all information is true and correct.

\_\_\_\_\_  
Signature of Attorney or Plaintiff

ADDITIONAL PLAINTIFF(S):

\_\_\_\_\_  
\_\_\_\_\_

ADDITIONAL DEFENDANT(S):

\_\_\_\_\_  
\_\_\_\_\_

**NOTICE**

**PLEASE DO NOT INCLUDE THIS FORM WITH CASES THAT HAVE ALREADY BEEN FILED. This form can only be processed at the time of filing New Complaints and Petitions.**

Thank you for assisting us with our efforts to improve service.